COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I he	ereby declare that:			
	TYPE OF DECLARAT	TION		
This declaration is of the followi	ng type: <i>(check one applicable</i>	e item below)		
□0 original	□0 design	□0 supplemental		
□0 divisional	\Box_0 continuation	□ X 0 continuation-in-part (CIP)		
INVENTORSHIP IDENTIFICATION				
My residence, post office addre	ss and citizenship are as state	d below next to my name. I believe I a		

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

A Temperature-Sensing Device for Determining the Level of a Fluid

SPECIFICATION IDENTIFICATION

the spec	cification of whic	h: (complete (a), (b) or (c))
(a) X	is attached heret	o.
(b) wa	s filed on	as □0 Serial No. 0./ or □0 Express Mail No.,
as Seria	d No. 0/ and	d was amended on (if applicable).

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I also believe that I am entitled to small entity status. I also consent to email transmissions to the address given herein.

I acknowledge the duty to disclose information which is material to patentability as defined in 37, CODE OF FEDERAL REGULATIONS, § 1.56.

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number.)

FORREST L. COLLINS, 27,186

SEND CORRESPONDENCE TO: FORREST L. COLLINS POST OFFICE BOX 41040 BRECKSVILLE, OH 44141-0040 TELEPHONE 440-526-0610 FACSIMILE 440-526-1819 forpatents@aol.com

(Added Page to Combined Declaration and Power of Attorney for Divisional, Continuation or CIP Application [1-2.1]-page 1 of 1)

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under SECTION 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of sole or first inventor: Anthony J. Hadala

(GIVEN NAME) (MIDDLE INITIAL OR NAME) (FAMILY (OR LAST NAME)

Inventor's signature

Date November 19, 2001/Country of Citizenship UNITED STATES OF AMERICA

Residence 7914 N. Gannett Sagamore Hills, Ohio 44067

P. O. Address _7914 N. Gannett Sagamore Hills, Ohio 44067

THE DECLARATION ENDS WITH THIS PAGE.